

## Clinical and Laboratory Notes

### A METHOD FOR REMOVAL OF SUB-UNGUAL SPLINTERS

By M. C. DINBERG

*Ottawa*

Physicians are called upon frequently to remove wood splinters from under finger nails. The ordinary difficulty of removal is often enhanced because the patient or another person has already attempted to remove the splinter, with the invariable result that it is broken off just below its grasping point at the free margin of the nail.

The usual methods of extraction of a splinter, probing with a fine pointed forceps or a needle, or splitting the nail, are extremely painful unless the finger has been well anæsthetized. There are usually several unsuccessful attempts to grasp and maintain a grip on the splinter; sometimes the splinter crumbles under the forceps. Each attempt results in increased

trauma to an already potentially infected nail bed.

The method described here has been used on many occasions. It avoids the need for local anæsthesia and is relatively painless.

After sterilization of the finger tip, a Ralk nail drill with sterile bit or a similar device, is placed immediately over the splinter in its proximal third. A small hole is drilled directly downward to the splinter. Once completely through the nail, a sterile hypodermic needle can be inserted so that its sharp point bears into the splinter. The needle can then push the splinter forward sufficiently so that it may be grasped by forceps at the free margin of the nail. Antiseptic solution is introduced under the nail through the opening and an ordinary finger dressing is applied.

This method offers a clean, rapid, non-traumatizing removal of sub-ungual splinters. In addition, the hole in the nail acts as added drainage should the splinter have carried infected material under the nail.

## Editorials

### THE EFFICIENCY OF INDUSTRIAL WORKERS

**I**N our issue of September we took occasion to deal editorially with the topic of Industry, Medicine, and the War. This subject is of much importance at the present time and has such wide implications that we make no apology for returning to it. At that time we dealt with certain principles which seemed to cover the situation, but, in particular, with the rôle which medical practitioners might play in the general scheme, and advocating the formation of a Central Co-ordinating Committee to give a lead, to establish order, and with power to enforce its decisions. At the present time we seem to be at loose ends. The experience of the last Great War taught us much, but some of the conclusions reached have slipped our memories, and despite much research in the intervening years we have not in the present emergency assimilated and put into full practice the knowledge available. There are no doubt reasons for this, but we might do better. We should make conditions such that the best in everyone will be brought out. It is obvious that the best soldiers will be

of little use if not supplied sufficiently with food, clothing, protection, and munitions of war. It is here that the operative comes in, and it is the conditions which make his work more effective that we wish to consider now.

To get the best results co-operation between all the parties concerned is imperative—the Government, the manufacturers, the miners, operatives of all kinds, the medical profession—all of us. Co-operation is the key-word.

Co-operation means good will on all sides and a disposition to turn out the best possible quality of work and as much of it as possible. Early in the war the trades unions of Great Britain patriotically decided to bar all strikes for the duration. Compare this with what has been going on in certain other countries we could name! Just as bad or worse is a conspiracy to limit production. In such occurrences it is easy to identify what really amounts to a Fifth Element in the Axis. This brings us to another point. The maximum output in